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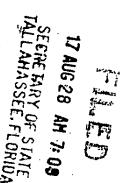
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COVER LETTER

Division of Corporations								
SUBJECT: BELA COFFEE & WINES LLC Name of Limited Liability Company								
The enclosed Articles of Amendment and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
EUILLERMO de HOWAILTZ Name of Person								
IN BALANCE Accounting Systems INC.								
18459 PINES BLW. STE 222								
City/State and Zip Code gdh1d@AoL.com E-mail address: (to be used for future annual report notification)								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Gullermo de Howartz at 305, 567-0363 Name of Person Area Code Daytime Telephone Number	•							
Enclosed is a check for the following amount:								
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)								

TO:

Registration Section

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLE'S OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BELA COFFEE E WINE	es LLC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny a <u>s it now appears on our records.</u>) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L160063368</u> .5	were filed on $\frac{2/17/2016}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL. 33/30
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	66 W. FLAGLER St., 8th Floor MIAMI, FL. 33130
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida PH 6
-	City Zing No.
New Registered Agent's Signature, if changing Registered Agent:	mo
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am family with and property with a provided for in Chapter 605, F.S. Or, in the Novement is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: MGR = Manager AMBR = Authorized Member **Title** <u>Name</u> **Address Type of Action** _□ Add □ Remove ☐ Change □ Add _□ Remove _□ Change □ Add _□ Change □ Add ☐ Remove _□ Change □ Add _□ Remove □ Change □ Add _□ Remove

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Filing Fee: \$25.00